



# Payroll Department

25 Linnell Circle, Billerica MA 01821 | Tel: (978) 528-7826 | www.valleycollaborative.org

## Employee Direct Deposit Authorization Agreement

**\*\*\* A voided check or bank letter with your routing number and account number is REQUIRED\*\*\***

I hereby authorize my employer, Valley Collaborative (hereinafter COMPANY) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name (please print): \_\_\_\_\_

**Account 1:** Bank Name: \_\_\_\_\_  Checking  Savings

I wish to deposit (amount) \$ \_\_\_\_\_ (or)  entire net pay

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Account 2:** Bank Name: \_\_\_\_\_  Checking  Savings

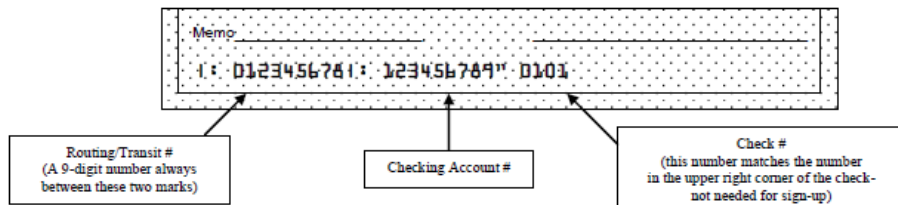
I wish to deposit (amount) \$ \_\_\_\_\_ (or)  remainder of net pay

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Account 3:** Bank Name: \_\_\_\_\_  Checking  Savings

I wish to deposit (amount) \$ \_\_\_\_\_ (or)  remainder of net pay

Routing # \_\_\_\_\_ Account # \_\_\_\_\_



This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_